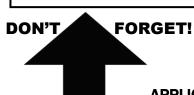
Kentucky Permit Number
MG



KENTUCKY BOARD OF PHARMACY State Office Building Annex, Suite 300 125 Holmes Street Frankfort KY 40601 Phone (502) 564-7910 Fax (502) 696-3806

e-mail: pharmacy.board@ky.gov
http://pharmacy.ky.gov

APPLICATION FOR SPECIAL-MEDICINAL GAS PERMIT RENEWAL

Enclose a check or money order for \$100.00, made payable to 'Kentucky State Treasurer'. Please print legibly and complete this application; including the required original signature and return to the Board office no later than June 30th.

Facility Name				Permit N	lo		
Address							
Telephone No			Fax N	 lo			
OWNERSHIP:	INCOMPLE	TE OR UNSIGNE	D APPLICATION	ONS WILL BE	RETUR	RNED.	
S	ole Proprietor	Partnership	Corpoi	rationI	LC ,	Other	
Name and title	for each owne	r/officer, including p	rofessional desig	nation:			
CONSULTANT P	HARMACIST*:						
				KY Licen	se No.		
*Consulta	nt Pharmacists are	not required for non-resident	medicinal gas permits	5.			
•		AR 2:205 requires Consultant Phari Consultant Pharmacist mus	•			_	
		P.M. Thursday					
		P.M. Friday					
		P.M. Saturday					
The Board may ref	use to issue or rei	new a permit, or suspend, nade, any false, frauduler	temporarily suspen	d, revoke, fine or rea	-	• •	
I hereby certify tha Statutes Chapters : Services pertaining	217, 218A, and 3 to the practice o	true and correct to the be 15 and the Regulations o f pharmacy and certify the currently licensed and in	f the Kentucky Boar at this pharmacy wil	d of Pharmacy and t I be conducted in ful	he Cabinet I compliand	for Health and Fa	mily
	(Date)			(Signa	ture of O	wner)	